



For Office Use Only

MISSOURI DEPARTMENT OF CONSERVATION
PO BOX 180
JEFFERSON CITY, MO 65102

FAX: (573)751-4864
PHONE: (573)751-4115 ext. 3579

APPLICATION FOR MILITARY REDUCED COST PERMIT

SOLDIER'S NAME & PERSONAL INFORMATION: (Type or print legibly)		
Last	First	Middle
Address (Number, Street, APT/Unit, City, State, and Zip)		
Home Phone Number ()		Work Phone Number () ext.
Email Address:		
Date of Birth ____/____/____		Social Security Number
Unit		Rank/Grade
Date Entered into Active Service/Mobilized: ____/____/____		Date Deactivated/Demobilized: ____/____/____
I am currently serving in: (check box below)		
<input type="checkbox"/> National Guard in Federal Status <input type="checkbox"/> Reserve Forces		
If you were born January 1, 1967 or later please include a copy of your Hunter Safety Card		

A copy of orders reflecting mobilization dates must be submitted with application for processing.

Allows residents of Missouri who are currently, or have in the previous twelve (12) months, been mobilized & serving on full time active military duty in either the National Guard (in Federal Status) or Reserve forces of the United States to chase, pursue, take, possess & transport fish, frogs, mussels, clams, turtles, crayfish, live bait, birds (except wild turkey) & mammals (except deer), & to sell furbearers taken by hunting. (Effective July 1, 2006)

Fee.....\$5.00

I confirm that all information on this form is true and accurate _____, _____.
(Signature) (Date)

DO NOT WRITE IN THIS SPACE (For Office use only)
Hunter Ed # _____
Other MHP : _____

**SEND COMPLETED APPLICATION WITH CHECK, CREDIT CARD
PAYMENT (see back) OR MONEY ORDER TO:**

Missouri Department of Conservation
Attn: Fiscal – Military Honors Permits
P.O. Box 180
Jefferson City, MO 65102-0180

Payment Method

Total Amount Due \$_____

- Check Enclosed (make check payable to *Missouri Conservation Department*)

Check One: • Visa • MasterCard

Charge my credit card number_____

3 Digit Security Code number_____ (this number is located on the back of your card)

Expiration Date _____ Phone # _____

(required on all credit card orders)

Signature_____

Credit card holder agrees to perform the obligations set forth in the Cardholder's agreement with the Issuer.

Mail application to: **Missouri Department of Conservation
ATTN: Fiscal – Military Honors Permits
PO Box 180
Jefferson City, MO 65102-0180**